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Summary

FULL-THICKNESS RESECTION MAY BE OMITTED IN NODE-NEGATIVE EARLY GASTRIC CANCER BEYOND ENDOSCOPIC SUBMUCOSAL DISSECTION CRITERIA: A MULTICENTER PATHOLOGICAL ANALYSIS OF 875 CASES

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Oesophagus | Histopathology | Endoscopy | Digestive Oncology

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In a multi-center pathological study of 875 early gastric cancer patients beyond ESD indications, intramural dissemination was rare (1.14%), suggesting ESD or endoscopic intermuscular dissection may achieve radical resection when vertical margins are negative in patients without lymph node metastasis.

KEY POINTS

- Intramural dissemination (IMD) was identified in only 10 of 875 cases (1.14%) and occurred exclusively in tumors with submucosal invasion deeper than 500 micrometers (SM2).
- All IMD foci were located in the deep muscularis propria or subserosa, discontinuous from the primary tumor, and adjacent to blood or lymphatic vessels.
- IMD was found in 60% of cases with lymphovascular invasion but was not associated with tumor differentiation status or size.
- For patients without lymph node metastasis, ESD or endoscopic intermuscular dissection can achieve radical resection if postoperative pathology confirms negative vertical margins.
- Full-thickness resection is associated with greater trauma, 40-50 minutes of additional operative time for wound closure, and potential stomach deformation with motility complications.
- The presenter concluded that full-thickness resection may be unnecessary for all such patients if both margins are negative after ESD or endoscopic intermuscular dissection.

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